

SANDY PARKS & RECREATION

REGISTRATION FORM - 2018

(Not applicable for Alta Canyon Sports Center Programs or team sports programs)



PARTICIPANT INFORMATION – PLEASE PRINT CLEARLY				
1) Participant Name		Birthdate	Gender: Male Female	Shirt Size (If Applicable)
Program/Class	Location		Date/Time	Cost
2) Participant Name		Birthdate	Gender: Male Female	Shirt Size (If Applicable)
Program/Class	Location		Date/Time	Cost
3) Participant Name		Birthdate	Gender: Male Female	Shirt Size (If Applicable)
Program/Class	Location		Date/Time	Cost
4) Participant Name		Birthdate	Gender: Male Female	Shirt Size (If Applicable)
Program/Class	Location		Date/Time	Cost
TOTAL COST:				

FAMILY INFORMATION				
Parent/Guardian Name	Phone (Day)	Evening	Cell	E-Mail
Address		City / State		Zip

EMERGENCY CONTACT INFORMATION				
First & Last Name	Phone (Day)	Evening	Cell	Relationship To Participant

HOW DID YOU FIND OUT ABOUT THIS PROGRAM: WEBSITE – SCHOOL EMAIL – BROCHURE – P&R EMAIL – SANDY JOURNAL - FRIEND

Program Registration:

Registration for recreation programs can be done on-line at www.sandy.utah.gov/registration, or by mail or walk-in at the **Parks & Recreation Office, 440 East 8680 South, Sandy, Utah 84070**. Office hours are 8:00 am to 5:00 pm, Monday – Friday. Payments can be made by check, cash, VISA, MasterCard or American Express.

Recreation Policies:

- ❖ Registration is on a first come, first served basis. Early registration is encouraged.
- ❖ Persons are not registered until fees are paid and registration form is received. Sandy City reserves the right to cancel classes when minimum enrollment has not been met. Full refunds are mailed when classes are canceled.
- ❖ If the desired class is filled, your name may be put on a waiting list (no guarantees). Additional classes may be formed upon demand, if instructors and facilities are available.

Refund Policy:

Refunds for recreation programs are granted if a request is received prior to the beginning date of the program. A \$20.00 administrative charge will be assessed on all refunds.

PARENT SIGNATURE _____ **DATE** _____
 For more information call 801-568-2900. Sandy City provides Equal Opportunity to participate regardless of Race, Creed, Sex or Disability.

Receipt #:	Amount: \$	Date Paid:	By:
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Please complete the Consent form on the reverse side

SANDY CITY RECREATION 2018 PROGRAMS

PARENT/GUARDIAN INFORMED CONSENT AND AUTHORIZATION

In consideration of my child being allowed to participate in Sandy City Recreation Programs, I, as their parent or guardian, hereby consent that he/she may participate in this program during the 2018 season and I hereby state that the information provided in the registration materials is true and complete. By completing the registration materials, I hereby grant permission and agree as follows:

Program/Activity Description

The Sandy City Spring Soccer Program runs approximately from mid-March through mid-June and utilizes Sandy City fields. Games are played on weeknights and/or Saturdays.

In enrolling my child in Sandy City Recreation Program(s), I hereby acknowledge that certain inherent risks accompany these programs that cannot be eliminated regardless of care taken to avoid injuries. These specific risks may include, but are not limited to: (1) **minor injuries**, such as a floor burn, scratches, bruises, blisters, strains, and sprains; (2) **major injuries**, such as eye injury or loss of sight, joint or back injuries, concussions, and broken bones; (3) catastrophic injuries as well as permanent disability and death. Transportation to and from practices and games is the responsibility of the parent or guardian.

I hereby recognize the risk factors described above may cause my child to experience some degree of physical and/or mental stress. I state that to the best of my knowledge my child is free from any known heart, lung, or other serious health problems that could prevent him or her from safely participating in Sandy City Recreation Programs. I further state that my child is sufficiently physically fit to safely participate in these programs.

Recognizing the possibility of physical and/or emotional injury associated with my child's participation in Sandy City Recreation Program(s), I hereby release and agree to hold harmless, defend, and indemnify Sandy City and associated organizations and personnel from negligence to the fullest extent permitted by law, and against any claims by or on behalf of my child, myself, and any other parent or guardians for any damage or injury he/she or we may suffer including legal fees, as a result of his/her participation in the program, including transportation to and from activities.

PLEASE INITIAL HERE

Emergency Medical Care Authorization

In the event my minor child is injured while participating in Sandy City Recreation Programs, I hereby give my consent that first aid may be provided by Sandy City, its agents and/or employees and that subsequent medical treatment may be administered if, in the opinion of the attending E.M.T./paramedic/ physician, such treatment is necessary.

Name of Child: _____ Age: _____

Health Insurance Carrier: _____

(I understand that in order for my child to participate in Sandy City Recreation Programs, I am required to have health insurance to cover injuries to my child arising from his or her participation in these programs and that Sandy City does not carry medical or accident coverage for this purpose. This document will not be processed and your child will not be allowed to participate in the program/activity described above unless all of the requested insurance information is supplied.)

Medical Restrictions on Player's Participation: _____

PLEASE INITIAL HERE

Concussion & Head Injury Policy Acknowledgement

I have read this policy and understand what a concussion is, have been informed on how to recognize the signs and symptoms, and agree to abide by the policy. I understand if my child is suspected of having a concussion, he/she will be removed from the sporting event and will not be permitted to continue participating in any upcoming program until cleared by a qualified Health Care Professional. Also, I will provide Sandy City with a written statement by this qualified Health Care Professional acknowledging my child is cleared to resume participation.

PLEASE INITIAL HERE

Media Release

I hereby give permission to use any photographs, film, and videos taken of my child's participation in Sandy City Recreation Programs for use in public media as well as official Sandy City publicity, such as Sandy City web site, publications, displays and presentations.

PLEASE INITIAL HERE

I have carefully read and understand the contents of this document and I specifically intend to cover my child's insurance needs for the above-referenced program/activity. I have read and agree to the above 4 sections. Please initial each line above.

Name of Parent

or Legal Guardian: _____ Signature: _____ Date: _____

(Please print)

Please fill out the registration form on reverse side